

PTO/SB/80 (04-05)
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Assignee Name and Address:							
Health Hero Network, Inc.							
2570 W. El Camino Real, Ste. 111							
Mountain View, California 94040							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be							
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SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature		Mr.			,	00 S	
Name	Stephen	J. Brown			Telephone 650-559	-1000	
Title							
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